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PTO/SB/17 (05-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/655,252	
		Filing Date	September 5, 2000	
		First Named Inventor	Cannon, et al.	
		Examiner Name	Corbett B. Coburn	
		Art Unit	3714	
TOTAL AMOUNT OF PAYMENT	(\$)	1,680.00	Attorney Docket No.	29757/AG20-CIP2

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Deposit Account Deposit Account Number: 13-2855 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None	3. ADDITIONAL FEES	
The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Large Entity Small Entity	
FEE CALCULATION		Fee Code Fee (\$)	
1. BASIC FILING FEE		Fee Description	
Large Entity Small Entity		Fee Paid	
Fee Code Fee (\$)	Fee Code Fee (\$)		
1001 750 2001 375	Utility filing fee		
1002 330 2002 165	Design filing fee		
1003 520 2003 260	Plant filing fee		
1004 750 2004 375	Reissue filing fee		
1005 160 2005 80	Provisional filing fee		
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		Large Entity Small Entity	
Total Claims Extra Claims Fee from below Fee Paid		Fee Code Fee (\$)	
Independent Claims ** = x =		1202 18 2202 9	
Multiple Dependent ** = x =		1201 84 2201 42	
Large Entity Small Entity		1203 280 2203 140	
Fee Code Fee (\$)	Fee Code Fee (\$)	1204 84 2204 42	
Fee Description		1205 18 2205 9	
1202 18 2202 9		Claims in excess of 20	
1201 84 2201 42		Independent claims in excess of 3	
1203 280 2203 140		Multiple dependent claim, if not paid	
1204 84 2204 42		** Reissue independent claims over original patent	
1205 18 2205 9		** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		1,680.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Scott E. Baxendale	Registration No. (Attorney/Agent)	41,605
Signature	<i>Scott E. Baxendale</i>	Telephone	(312) 474-6300
		Date	July 11, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 11, 2003

Signature: *Scott E. Baxendale* (Scott E. Baxendale)

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